

UNITED STATES DEPARTMENT OF DEFENSE

DoD BLOGGERS ROUNDTABLE

Medical Care with Asia-Pacific Countries

Washington, D.C.

Tuesday, July 30, 2013

PARTICIPANTS:

Moderator:

BRADLEY CANTOR
Office of Secretary of Defense, Public Affairs

Guest:

Colonel Jeffrey M. Callin, M.D.
I Corps Surgeon
Lead medical planner, coordinator, and advisor

Other Participants:

MICHELLE COWELL
Military Matters

SETH ROBSON
Stars and Stripes

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PROCEEDINGS

MR. CANTOR: Hello. I'd like to welcome you all to the Department of Defense's Blogger Roundtable for Monday, July 29, 2013. My name is Bradley Cantor with the Office of Secretary of Defense, Public Affairs, and I will be moderating our call today.

Today we're honored to have as our guest I Corps Surgeon and lead medical planner, coordinator, and advisor, Colonel Jeffrey Callin, M.D. Colonel Callin is participating in the 2013 Talisman Sabre exercise. He has recently attended a medical planning conference in Asia in which over 20 Asia-Pacific countries were in attendance. Today he is going to discuss I Corps Combat's greatest threat, syncs medical care with Asia-Pacific countries.

A note to our bloggers on the line today: Please remember to clearly state your name and blog or organization in advance of your question, respect the colonel's time, and keep your questions succinct and to the point. And, finally, please mute your phones when you aren't speaking.

With that, I'm going to turn it over to the colonel for his opening statements.

COL. CALLIN: Good morning. This is Colonel Callin. We are just wrapping up Talisman Sabre down here in Brisbane, Australia. It's been pretty much a resounding success. We've worked with pretty much all the U.S. services -- Army, Navy, Air Force, Marines -- as one combined joint team with the Australians and have had a mercifully few injuries or illnesses this time. And I'm just very honored to be here and talk with you all today.

MR. CANTOR: Okay, great. What we're going to do today, because we have two bloggers online, is it's going to be a little bit more informal than the traditional Bloggers Roundtable. We're going to allow a little bit of discussion between each of the two bloggers participating on the call and the colonel. So, we're going to start it off with Seth Robson from *Stars and Stripes*.

MR. ROBSON: Hi there. Apparently you've got some coordination going on with all these other nations in the Asia-Pacific region. Can you talk a bit about this conference that you went to? Where was it? What was its name? And which nations participated --

COL. CALLIN: Okay.

MR. ROBSON: -- how you, like, I don't know, (inaudible) or your medical procedures in line with each other. What's the advantage of that versus having (inaudible) procedures? For example, why the Asian guys -- they might

use acupuncture in a situation where we would use with the medicine. So, U.S. trying to use acupuncture or were they trying to use it with the medicine?

COL. CALLIN: Well, now, this -- the Asia-Pacific Military Medical Conference has been running now -- this was the 23rd year. This year it was held in Seoul, in Korea. Last year it was in Bangkok. And the main U.S. effort here comes out of U.S. Army Pacific in Hawaii, and they coordinate with one of the Asia-Pacific countries each year to co-host the conference. And it's somewhat academic and somewhat social in that we built relationships with many of the senior delegates from the other nations. So, this year the whole theme was building stability through cooperative military medical engagements. And we had, oh, probably about 18 different individual bilateral meetings with the senior delegates from the various countries and discussed you know, what were their goals for their military medical departments? What is it they aspired to do? And for some it was building basic medical skills in their combat medics as the foundation for more advanced training beyond that. Others it was that they had a solid training base for their medics, and they wanted to bring their senior consultants' physicians into our military medical centers to work right alongside of the U.S. docs and be able to discuss and see things and become, I guess, more current and bring up the upper end of their medical effort over there.

One country, one of the island nations, decided that their military wants to be the lead for developing an EMS -- emergency medical system -- for their country and to show their people that their army really is working for them. And I think that as we do this, we make their military more trusted and then therefore their government more trusted, and the people have greater confidence in their government, and then they bring more stability that way.

There's also a lot of discussion of countries wanting to learn kind of how we plan and execute disaster response operations. A lot of the countries are (inaudible), you know, year end, year out with forces of nature wreaking havoc on their countries, and they've seen that we are able to plan for and then mount an effective response, and they would like to learn those things so they don't rely on foreign aid and, you know, foreign entities to come in and organize for them.

MR. CANTOR: Seth, do you have any follow-up questions?

MR. ROBSON: Which (inaudible) nation was it that wanted to, wanted to, (inaudible) go for CNT?

COL. CALLIN: I think it was Maldives that -- they're very interested in developing effective EMS systems so that they can more effectively deal with -- so everybody just doesn't come on over to the capital to get their care. They want to develop a network --

MR. ROBSON: Right.

COL. CALLIN: -- where if people are ill or injured they go to, you know, the hospital nearest them, and then if they need further consultation they're brought over to their capital.

MR. CANTOR: Seth, do you have any more questions?

MR. ROBSON: Just -- if we think about what the U.S. disaster response in the region -- we had the big tsunami that -- I thought it was 2004 or 6. It was 2006, there's the big tsunami, and then we had our (inaudible) rations on (inaudible) in Japan, obviously, in 2011. Those are situations where people -- where the U.S. actually came out and helped, helped with the disaster response. You said some of these guys would like to be able to do it, you know, without having to rely on outside help. I'm just thinking, like, here in Japan right now some of the uses now that (inaudible) the Japanese over exposure to radiation and stuff like that. But, I mean, do you think these are -- do you think that that lawsuit has had impact on people in the region not wanting to have Americans participate in case we -- in case (inaudible)?

COL. CALLIN: That wasn't at all the spirit of what was going on there. I think they -- they're genuinely -- you know, they want to be able to effectively deal with whatever place, they're country, you know, with regard to disasters whether it's earthquakes or whether it's tsunamis or whether it's typhoons, cyclones. And so it was more about them wanting to learn our planning techniques, because we're pretty good at planning stuff. We have, you know, staffs and staffs of planners.

But, you know, it's more of those techniques, knowing what to stockpile where, what techniques to use to move the people to safety, what level of response and what do you need to be able to get back out there and get essential services going again -- what essential services are truly essential, and what others are nice to have, and that's the kind of planning effort and coaching I think they wanted. I look at it more as, you know, a team that's, you know, that's wanting to improve. They're going to get, you know, one of the best coaches they can find. And it's not just the U.S. out there. You know, we've got nations with very, very effective health care systems and military medical systems. You know, Singapore's one of the leaders in the region down here with levels of expertise. Australia -- they had -- they actually sent their joint health chief, Admiral Walker. She was the senior delegation from Australia. So, they're looking to take what they have and improve it. I don't think there's any reluctance to have Americans

traipsing around. It's more of a matter of wanting to have some, I think, national pride and say, hey, we can do this.

MR. CANTOR: Okay, we have one more question for Seth Robson before we move on to Michelle Cowell.

Do you have any more questions, Seth?

MR. ROBSON: Well, if you look at America's footprints in the region, are we (inaudible 00:09:54) up right now to respond to national disasters (inaudible) approach?

COL. CALLIN: I'm sorry, I didn't understand. Could you say that again?

MR. ROBSON: The U.S. has a footprint of their military in the region. For example, they just recently (inaudible) Marines in Australia and we've got the ships going to Singapore, and we're going to (inaudible) other forces in Okinawa, Guam, Japan. Do you think we're well placed to respond to natural disasters in the region, or do you think that there could be other places where we might want to base personnel to respond to natural disasters?

COL. CALLIN: Well, I don't think it necessarily needs to be stations right there on the spot. I think -- now, you look at Joint Base Lewis-McCord where the First Corps is headquartered, and we've got a tremendous number of resources there, and we're right next door to a wing of C-17s. So, we can be pretty much anywhere in the region very quickly with a whole lot of personnel and equipment -- you now, the right stuff at the right place very quickly after some kind of disaster. So, it's not necessarily a matter of being geographically prepositioned, although, you know, that can have some help. There's a lot of benefit to being nearby. But when you need stuff that may not be already there, it doesn't take long to get it.

MR. CANTOR: Okay, thanks. Let's move on to Michelle Cowell from Military matters.

Do you have any questions?

MS. COWELL: I do indeed. Like I said, we are the best. But looking at our humanitarian needs and what we can offer, I looked at the most recent -- when you were involved in the training and through the talisman training this week. We were very much a part of -- our military is very good on the humanitarian side to go in for the emergency disasters. That's a given. And I looked at a lot of the training that you had for the 28,000 that just participated in Exercise Talisman in Australia as being teaching them. But I wanted to know from the 20 countries

that you participated with in the medical planning conference how many of their military are prepared, or were you able to educate them -- I looked at it more as an education aspect -- to educate them on the humanitarian disasters in the Asia-Pacific region?

COL. CALLIN: Well, most of this conference was -- you know, again, First Corps for the several years has been pretty much oriented toward the Central Command area of operations, and since coming back we've become regionally aligned with the Pacific, so we're shifting back to where First Corps has had a history in the past, and this was more an exercise in finding out what it was they're interested in and then also letting them know if you do want us to come and train with you, then this is the way we have to go about it. There's a process for it. We can't just go out and say, hey, we're going to go train with this, you know, country X or country Y. There's a very specific set of procedures through the State Department that we have to satisfy to make sure we're doing it correctly and that we're not disrupting things when we go out there.

MS. COWELL: Right, and overreaching, because, I mean, truly we have made a tremendous impact on gaining our abilities and our locations with the Army as well as the Marines in the Asia-Pacific arena. The Navy has always been there essentially because of our ship capacity. And when we were there I was more concerned with how many of the other militaries in the disaster as well as if something were to happen on -- medical sidewise, that you haven't been through a lot of this yourself, First Corps can definitely train them on how to better respond on the humanitarian side?

COL. CALLIN: I think there's something that we can train with for pretty much all of them whether they're --

MS. COWELL: I really don't have it. I mean, unless I'm misreading a lot of what -- those that I communicate with, they really didn't have -- their militaries did not have a lot of training or a lot of usage with the military being the ones who come in and provide the humanitarian needs as their military can do, like ours do.

COL. CALLIN: Right, I think a lot of --

MS. COWELL: Did I read that correctly?

COL. CALLIN: I think a lot of that is just the inexperience and they want to get better. They want to be able to do that for their nation, just like we want to be able to do that for our nation. It's, you know, a source of pride, and I think that of all of the nations, I would say that most probably, you know, could use some

coaching and training to help them prepare for, you know, to be able to respond on behalf of their nation. Now, some -- you know, obviously, there's not a lot of resources in some parts of the world, and so knowing how to manage the resources that come in can help mitigate a, you know, second disaster on top of the first one, which is a whole bunch of people milling around and nobody knowing where to go.

MS. COWELL: Yes, the left hand not knowing what the right hand --

COL. CALLIN: Knowing how to manage a disaster I think helps much more than just having, you know, well-meaning groups come in and try to help without anybody orchestrating it all.

MS. COWELL: Well, I guess we could help with our sequester problem that we're having, that is, having a great problem with all of our branches and all of the missions and what they're projecting ahead, getting other countries involved if something were to happen immediately -- another tsunami or another tomodachi, even if that were to occur.

COL. CALLIN: Mm-hmm. Well, I think just, you know, knowing that your military if you're in what -- in -- what -- any country -- knowing that your military has the ability to respond to a disaster, to protect you as a citizen, that I think engenders a lot more trust, and when people are trusting our governments more, things are more stable, and then when things are more stable it's better for all of us, because then we don't have to go outside.

MS. COWELL: I agree, because we know we all leave to go to the U.S. of A. and can be anywhere at any given time if need be, and we always appear to be the first that they always call upon, really, for not just the humanitarian needs but for disaster needs, as well as if you're engaged in combat. I mean, you need -- the medical needs are critical in those arenas.

MR. CANTOR: Great. Do you have any more questions, Michelle, before I move on?

MS. COWELL: Well, that was the main -- I'd kind of like to know, like I say, on the medical conference that he had, if that was where you were able to embrace and engage them more and get them more involved, if they had an intention of bringing their medical in with their own military to join you and others in the Asia-Pacific arena.

COL. CALLIN: This -- there were some -- we weren't, I guess, that far

down the path yet as far as -- you know, this wasn't to gain commitments from anyone. It was more to see what the training needs were so that we could go out just -- any time you go out and train with another country's military, especially on the medical side, you learn all kinds of things both ways. For us, you know, we don't have a large presence in many parts of the Pacific and Asia areas, and so there's aspects of medicine, that we would learn a lot from them in the process of teaching them the things they wanted to learn from us. And so it's always -- you know, it's a two-way street academically and militarily. There's techniques that other folks have found to deal with, you know, whatever opposes them that we can definitely learn a lot from.

MS. COWELL: I know I have a meeting next week with the Rotary Club, and I know that may sound insignificant. However, they do multi-million-dollar events in other countries. One in particular that they're working hard with Bill Gates has made some significant contributions to them, because they go right in theater. They go right onto the grounds and help them eradicate -- with vaccinations for example. And I know that in the military aspect I was speaking with them and they wanted me to tell them a little more about what our Navy does, and I said, you know, it's -- they go on their annual missions they go four or five countries and partner with -- they have their own forces, which -- like you mentioned, the State Department would be who they would want to communicate with if they wanted to make any partnerships within the Navy when they do they do their missions, their military humanitarian missions with our partner countries, our countries that we are going into.

COL. CALLIN: Yeah.

MS. COWELL: And that's kind of a little bit outside but still in the same region of you being with the First Corps, how important they are and how sometimes they may be able to reach into our military and offer as well as obtain health within --

COL. CALLIN: Yes, and really it's all about building capacity. You know, we want to build or increase their capacity. You know, it's not effective and not even worthwhile to just go in and, you know hand out band-aids and do, you know, what in the old days considered -- we used to call MEDCAP, you know, Medical Civil Action Program or Civil Assistance Program. That was not really the most effective way to really help people. You know, if you go in there and you train with their infrastructure, whether it's their doctors or their, you know, their military, you build capacity. Then they can do something by the time you leave that they couldn't do before, and that's really where we build the capabilities of nations -- is to -- you know, by the time we leave with a

cooperative training engagement, we should have done something to increase their capability or capacity to help their people or take better care of their soldiers. And that's really --

MS. COWELL: I would really like to see any possibility of cooperation, because they are worldwide, but they have a significant ground level on -- but their medical is only a few people. We're there, right there, and I said if there was any engagement with our military when they were making their rounds themselves, if you will, on these missions that they go on, that would be a tremendous help for the medical field that these doctors from the Rotary Club, for example, participate in, because they set up tents literally. They set up the tents, whereas if they had one of our ships that was there, one of our medical ships that go on their missions typically the five months that they go on their tours and they're going to be there, that would be a great time for them to partner, if you will, or if they had the emergency services they could work within the military who's right there with the ships that have the entire hospital. In many of these countries they don't have that available.

COL. CALLIN: Mm-hmm, that's -- yes, that's a great possibility. I mean, you know, pretty much anything we do anymore is going to be joint -- I mean, more than one military service involved. It's going to be intergovernmental. It's going to be, you know multinational.

MS. COWELL: Sure.

COL. CALLIN: That's the way of the future here. We're not likely to be doing anything solo. It's all going to be partnerships and teamwork. And --

MS. COWELL: Wells, I think that was a problem that we have with Tomodachi, because they were limited there.

COL. CALLIN: Mm-hmm.

MS. COWELL: If we would have had more, additional services that would have been made available, because we were extraordinarily limited, I felt, during that entire -- the first two weeks especially, to get people in and then the subsequent -- that we provided on the -- our military provided 100 percent, but again we had our active duty there and everyone involved in our bases there. But still --

COL. CALLIN: When we do get a request for help, it's -- or assistance I should say, it's not "help" --